

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 036400013 | | CITY OR TOWN | EASTHAM | |
|------------------------|---|------------------------|-----------------------|--------------|-------------|
| APPLICATION FOR | R RENEWAL: | Seasonal | LICENS | SED FOR 20 | 13 |
| | | CLASS | | , | YEAR |
| LICENSEE NAME: | DELL ENTERPRISI | ES, INC. | | | |
| DOING BUSINESS | A THE LOBSTER SH | HANTY | | | |
| ADDRESS RTE.6 & | SALT POND RD | | | | |
| CITY/TOWN: EAS | THAM | STATE: MA | ZIP CODE: | 02642 | |
| MANAGER: DEL | GIZZI, DAVID TYPE | OF LICENSE: Res | taurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR EN | MAIL ADDRESS | | |
| DESCRIPTION OF | LICENSED PREMISE | ES: | | | |
| | IEN, 3 DINING ROOMS FFICE. CELLAR FOR S | | STROOMS. SECONI | O FLOOR LO | JNGE, |
| I hereby certify and s | wear under penalties o | f perjury that: | | | |
| 1. the renew | ed license will be of th | e same type for the | same premises now | licensed; | |
| 2. the license | ee has complied with a | ll laws of the Comr | nonwealth relating to | taxes; and | |
| 3. the premis | ses are now open for b | usiness (If not expla | nin below) | | |
| | | | | | |
| SIGNED BY: | T. P. M. D. Marine | . A. dhani a 1 Gana | OSC | | |
| | Individual, Partner o | r Authorized Corpc | rate Officer | | |
| | | | | | |
| DATE: | TELEDIONE | MIMOED | EMPLOVER | IDENTIFICATI | ION NUMBER: |
| 2112 | TELEPHONE | NUMBER: | (Note: NOT Ind | | |
| Acts of 2004, signed | d, attest that we are indicate the building insp (2) the certificate of li | ector and the head | l of the fire departr | nent for the | above |
| Please Check Below: | | | LOCAL LICENS | ING AUTHO | RITY |
| APPROVED: | | | By: | 11,01101110 | |
| DISAPPROVED: | | | • | | |
| (If disapproved expla | in) | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | BER: 036400022 | | CI | TY OR TOW | N EASTHAM | I |
|--|---|-------------------|--------------|------------------|-----------------|-------------|
| APPLICATION | FOR RENEWAL: | Season | nal | LICE | ENSED FOR 20 | 013 |
| | | CLAS | SS | | | YEAR |
| LICENSEE NAM DOING BUSIN | ME: ORLEANS-EAST ESS A | HAM LODGE | OF ELKS | #2572 | | |
| ADDRESS 60 M | ICKOY ROAD | | | | | |
| CITY/TOWN: | EASTHAM | STATE: | MA | ZIP CODE: | 02642 | |
| | BUTILIER, TY ERNEST | PE OF LICEN | SE:Club | | CATEGORY: | All Alcohol |
| EMAIL ADDRE | ESS: | | | | | |
| | PLEASE ALSO VISIT OUR W | VEBSITE AND ENTER | YOUR EMAIL | ADDRESS | | - |
| DESCRIPTION | OF LICENSED PREMI | ISES: | | | | |
| EAST BY A WAL | A SITUATED WEST OF T .L, SOUTH BY THE BAN DE PITS, OUTDOOR PAV 200 SEAT AMP.TH | DSTAND, WES | T BY A WO | OODED AREA | AND CONSIST | ING OF |
| I hereby certify a | and swear under penaltie | s of perjury tha | t: | | | |
| 1. the re | enewed license will be of | the same type | for the san | ne premises n | ow licensed; | |
| 2. the lie | censee has complied with | h all laws of the | Common | wealth relatin | g to taxes; and | |
| 3. the pr | remises are now open for | r business (If no | ot explain l | pelow) | | |
| SIGNED BY: | Individual, Partne | r or Authorized | Corporate | e Officer | | |
| | | | | | | |
| DATE: | TELEPHON | NE NUMBER: | | | ER IDENTIFICAT | |
| Acts of 2004, si | igned, attest that we are gned by the building in and (2) the certificate o | spector and th | e head of | the fire depa | rtment for the | above |
| Please Check Below APPROVED: [DISAPPROVED: (If disapproved e | D: | | | OCAL LICE By: | NSING AUTHO | ORITY |
| DATE: | | | - | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 03640 | 0032 | CITY OR TOWN | EASTHAM |
|---|--------------------------------|--|---|
| APPLICATION FOR RENE | | | SED FOR 2013 |
| LICENSEE NAME: L & T DOING BUSINESS A LAU | | ATION | YEAR |
| ADDRESS 5950 STATE HI | GHWAY | | |
| CITY/TOWN: EASTHAM | STATE: | MA ZIP CODE: | 02651 |
| MANAGER: FISH-HOOP LAURA | ER, TYPE OF LICEN | SE:Restaurant Ca | ATEGORY: All Alcohol |
| EMAIL ADDRESS: PLEASE AT DESCRIPTION OF LICENS | SO VISIT OUR WEBSITE AND ENTER | R YOUR EMAIL ADDRESS | |
| SINGLE LEVEL OF APPROX WITH FENCING ON THE NO | 2324 SQ FT WITH A HALF | | |
| 2. the licensee has co 3. the premises are r SIGNED BY: | se will be of the same type | for the same premises now e Commonwealth relating to ot explain below) | |
| DATE: | TELEPHONE NUMBER: | | R IDENTIFICATION NUMBER: lividual Social Security Number) |
| We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010. | building inspector and tl | he head of the fire depart | ment for the above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | SING AUTHORITY |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 036400033 | | CITY OR TOWN | EASTHAM | |
|---|---------------------------|---|-----------------------------------|--------------|-------------|
| APPLICATION FO | R RENEWAL: | Seasonal | LICENS | SED FOR 20 | |
| LICENSEE NAME: DOING BUSINESS | • | CLASS STAURANT | | | YEAR |
| ADDRESS 3580 ST | ATE HIGHWAY | | | | |
| CITY/TOWN: EAS | STHAM | STATE: MA | ZIP CODE: | 02642 | |
| MANAGER: NIC | KERSON, TY 'HAN A. III | PE OF LICENSE: Rest | aurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| DESCRIPTION OF | | WEBSITE AND ENTER YOUR EM. ISES: | AIL ADDRESS | | |
| 2. the licens | ee has complied wi | f the same type for the s th all laws of the Comm or business (If not explain | onwealth relating to | | |
| SIGNED BY: | Individual, Partne | er or Authorized Corpor | rate Officer | | |
| DATE: | TELEPHO | NE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | ION NUMBER: |
| Acts of 2004, signe | d by the building i | re in possession (1) the nspector and the head of liquor liability insur | of the fire departr | nent for the | above |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.) | ain) | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 036400034 | | CITY OR TOWN EASTHAL | M |
|--|--|---|--------------------------|
| APPLICATION FOR RENEWAL | .: Seasonal CLASS | LICENSED FOR 2 | 013 YEAR |
| LICENSEE NAME: TIDES LANDOING BUSINESS A TIDES LA | | | |
| ADDRESS 491 CAMPPGROUNI | D ROAD | | |
| CITY/TOWN: EASTHAM | STATE: MA | ZIP CODE: 02642 | |
| MANAGER: DUBLE, JOHN | TYPE OF LICENSE: Pac | kage Store CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | |
| 2. the licensee has compli | ICATESSEN. FRONT DOOR I enalties of perjury that: Il be of the same type for the | same premises now licensed; nonwealth relating to taxes; and | |
| | Partner or Authorized Corpo | rate Officer | |
| DATE: TELE | EPHONE NUMBER: | EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AUTH By: | IORITY |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMB | ER: 036400036 | | CITY O | R TOWN | EASTHAM | [|
|---|---|-----------------------------|-------------------|-------------|--------------|-------------|
| APPLICATION F | OR RENEWAL: | Season | al | LICEN | SED FOR 20 | 13 |
| | | CLAS | S | | | YEAR |
| LICENSEE NAM DOING BUSINES | E: WOODY'S EASTE | IAM LOBSTE | R POOL LLC | | | |
| ADDRESS 4360-4 | 4380 STATE HIGHWA | Ϋ́ | | | | |
| CITY/TOWN: E. | ASTHAM | STATE: | MA ZIP | CODE: | 02642 | |
| | TEWART, TYP ILLIAM R. | E OF LICENS | E:Restaurant | CA | ATEGORY: | All Alcohol |
| EMAIL ADDRES | S: | | | | | |
| | PLEASE ALSO VISIT OUR WE | EBSITE AND ENTER Y | YOUR EMAIL ADDRES | SS | | |
| DESCRIPTION O | F LICENSED PREMIS | SES: | | | | |
| FLOOR STORAGE OTHER FOR BEER | S TWO DINING ROOMS ATTICTWO CELLAR R STORAGE AND ALCO TIONTOTAL CAPACI | S, ONE STORE HOLIC BEVER | S FOOD, WATE | R TANK F | OR LOBSTER | POOL, |
| I hereby certify an | d swear under penalties | of perjury that | : | | | |
| 1. the rene | ewed license will be of | the same type f | or the same pre | mises now | licensed; | |
| 2. the lice | ensee has complied with | all laws of the | Commonwealth | relating to | o taxes; and | |
| 3. the pres | mises are now open for | business (If no | t explain below |) | | |
| SIGNED BY: | Individual, Partner | or Authorized | Corporate Offic | cer | | |
| | | | | | | |
| DATE: | TELEPHON | E NUMBER: | | | | ION NUMBER: |
| Acts of 2004, sign | ned, attest that we are ned by the building ins nd (2) the certificate of | pector and the | e head of the fi | re departı | ment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex | plain) | | LOCA By: | L LICENS | ING AUTHO | ORITY |
| DATE: | | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 03 | 6400040 | | CITY | OR TOWN | EASTHAM | 1 |
|---|---|--|--|------------------------------------|---|----------------------------------|
| APPLICATION FOR RE | ENEWAL: | Seasona CLASS | _ | LICEN | ISED FOR 20 |)13 YEAR |
| LICENSEE NAME: EI DOING BUSINESS A S ADDRESS 100 BRACK | SAM'S UNCORKEI | O INC. | • | | | IEAR |
| CITY/TOWN: EASTH | AM | STATE: | MA ZI | P CODE: | 02642 | |
| MANAGER: BLAKEI PAMELA | | OF LICENS | E:Package S | tore C | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | | |
| PLEA | SE ALSO VISIT OUR WEBSI | TE AND ENTER Y | OUR EMAIL ADD | RESS | | _ |
| DESCRIPTION OF LIC | | • | | | | |
| WOOD FRAME TWO LEY SALES AREA AND STAN PUBLIC ON THE NORTH BUILDING AND AN INTI ACCESSED BU INTERIO STORAGE AND OFFICE | ID ALONE REFRIDC SIDE, A REAR NON ERIOR DOORWAY C R STAIRWAY ON TI | E UNITS, WI I-PUBLIC EN ON THE WES | TH A SINGL TRANCE/EX T SIDE OF T | E ENTRANG IT ON THE HE UNITB | CE/EXIT FRO SOUTH SIDE ASEMENT LE | THE OF THE VEL |
| I hereby certify and swea | r under penalties of | perjury that: | | | | |
| | icense will be of the | | or the same p | remises nov | v licensed; | |
| 2. the licensee h | as complied with all | laws of the | Commonwea | lth relating | to taxes; and | |
| 3. the premises a | are now open for bus | siness (If not | explain belo | ow) | | |
| SIGNED BY: | dividual, Partner or | Authorized (| Corporate Of | ficer | | |
| DATE. | | | | | | |
| DATE: | TELEPHONE N | NUMBER: | (| | | TION NUMBER: Security Number) |
| Please Check Below: | | | LOC | CAL LICEN | SING AUTHO | ORITY |
| APPROVED: DISAPPROVED: (If disapproved explain) | | | By: | | | |
| | | | | | | |
| DATE: | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 036600053 | | CITY OR TOWN EAST | HAMPION |
|---------------------------------|--|--|---|-------------------------------|
| APPLICATIO | N FOR RENEWAL: | Seasonal | LICENSED FO | OR 2013 |
| | | CLASS | | YEAR |
| DOING BUSI | AME: THE EAST V NESS A UNION STREET | TILLAGE INC. | | |
| | : EASTHAMPTON | STATE: MA | ZIP CODE: 0102 | 7 |
| | | | | |
| MANAGER: | STALLONE, DIANA | TYPE OF LICENSE:R | estaurant CATEGO | ORY: Wine and Malt Regular |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PR | EMISES: | | |
| TWO ENTRANTHE OTHER GALLERY/LIM | ICES/EXITSONE IS FOES TO THE PARKIN MITED SERVICE CAFÉ | IN THE FORNT OF THE E G LOT BEHIND THE BUI THE CAFÉ AREA IS IN | FLOOR COMMERCIAL SPAC BUILDING FACING UNION S LDINGTHE PREMISES AR THE FRONT, FACING UNION N THE FRONT AND REAR | TREET, AND E A COMBO |
| I hereby certif | y and swear under pen | alties of perjury that: | | |
| 1. the | renewed license will | be of the same type for the | e same premises now license | ed; |
| 2. the | licensee has complied | l with all laws of the Con | nmonwealth relating to taxes | ; and |
| 3. the | premises are now ope | en for business (If not exp | plain below) | |
| SIGNED BY: | | artner or Authorized Corp | oorate Officer | |
| | | | | |
| DATE: | TELEP | HONE NUMBER: | EMPLOYER IDENT (Note: NOT Individual S | IFICATION NUMBER: |
| Acts of 2004, | signed by the building | ng inspector and the he | he certificate required by Cad of the fire department for surance required by Chapto | or the above |
| Please Check Bel | ow: | | LOCAL LICENSING A | UTHORITY |
| APPROVED: | | | By: | |
| DISAPPROV | | | | |
| (If disapprove | d explain) | | | |
| | | | | |
| DATE: | | | | |
| * | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 036600061 | | CITY | OK TOWN | EASTHAN | IPTON |
|----------------------------|--------------------------------------|---|-------------------|---------------|-------------------|-----------------|
| APPLICATION FOR | R RENEWAL: | Seasonal | | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME: | LYMAN & LYMAN | INC. | | | | |
| DOING BUSINESS | A RIFF'S JOINT | | | | | |
| ADDRESS 116 PLE | ASANT STREET | | | | | |
| CITY/TOWN: EAS | THAMPTON | STATE: MA | ZII | P CODE: | 01027 | |
| MANAGER: CAH | ILL, JEFFREY TYPE | E OF LICENSE: R | estaurant | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| · | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR | EMAIL ADDR | RESS | | _ |
| DESCRIPTION OF | LICENSED PREMISE | ES: | | | | |
| | STAURANT WITH 49 S GTWO ENTRANCES | | | | EATED INSID | E OF AN |
| I hereby certify and s | wear under penalties of | of perjury that: | | | | |
| 1. the renew | ed license will be of th | e same type for the | ne same pr | remises now | licensed; | |
| 2. the license | ee has complied with a | ll laws of the Cor | nmonweal | th relating t | o taxes; and | |
| 3. the premis | ses are now open for b | usiness (If not ex | plain belov | w) | | |
| | | | | | | |
| SIGNED BY: | Individual, Partner o | r Authorized Cor | porate Off | ficer | | |
| | 11102 10001, 1 010101 | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | por uic or | | | |
| | | | | | | |
| DATE: | TELEPHONE | NIIMBER: | · | EMPLOYER | R IDENTIFICAT | TON NUMBER: |
| | TEEETHONE | TVOWIDER. | (N | Note: NOT Ind | lividual Social S | ecurity Number) |
| We the undersigned | d, attest that we are i | n possession (1) t | he certifi | cate requir | ed by Chant | er 304 of the |
| Acts of 2004, signed | d by the building insp | ector and the he | ad of the | fire depart | ment for the | above |
| named license and of 2010. | (2) the certificate of li | iquor liability in | surance r | equired by | Chapter 116 | of the Acts |
| Please Check Below: | | | 1.00 | AL LICENO | | |
| APPROVED: | | | By: | AL LICENS | SING AUTHO | JRITY |
| DISAPPROVED: | | | Бу. | | | |
| (If disapproved expla | nin) | | | | | |
| | | | | | | |
| | | | | | | |
| DATE: | | | | | | |
| | | | | | | |